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Results Review
Management and Leadership Program

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Introduction

The Management and Leadership (M&L) Program continues to build upon a successful foundation of improving management, leadership and sustainability of family planning (FP) and reproductive health (RH) programs. M&L's work is immediately **relevant** to field needs, **responsive** to USAID, Missions, and clients, and produces **results** that are **replicable** across countries. Both M&L core and field support funded activities contribute to USAID's Strategic Objective of advancing and supporting voluntary FP and RH programs as highlighted in this report. M&L is helping to continue the leadership position of USAID/Washington in FP/RH.

Relevant

- In Project Year 3 (PY3) M&L worked in 18 field support countries/regions, seven of which were new buy-ins from Missions.
- The dramatic increase in the percentage of field support is objective evidence of the value of M&L to the field, and demonstrates that M&L understands and can address Mission priorities. Field support expenditures have grown from 13 percent of total expenditures in PY1 to 68 percent in PY3, from $624,709[1] to $12,687,488.
- The growth in field support programs, both in the number of countries and dollar amounts, provides compelling evidence that health managers in the field have endorsed the M&L approach for improving organizational performance. They have validated our model of "developing managers who lead."

Responsive

- The flexibility of the Cooperative Agreement mechanism coupled with forward funding with core funds allowed M&L to quickly launch the Afghanistan program. Within only 15 months this program had a notable impact on the country's ability to deliver basic FP and other health services. The M&L program in Afghanistan laid the groundwork for USAID's new bilateral for a comprehensive rural expansion program implemented by MSH.
- An initial investment by M&L of core funds in Nicaragua led to a 14-month "bridge program" to continue the work of improving national capacity in management and leadership. It also provided funding for the Prosalud program, the former bilateral project, which is expanding access and quality of FP and other health services (See page 6).
- Core funds that supported a pilot leadership development program with the Ministry of Health (MOH) in Guinea enabled the MSH bilateral program, PRISM, to expand the program over the next three years.

Replicable

During PY3 M&L continued to build programs that reach a far greater number of organizations than our financial resources and direct technical assistance will allow. For example:

- The Technical Cooperation Network (TCN), supported with core funds, was formally launched in June 2003. The Network multiplies M&L's ability to provide technical

[1] 9-month year: October 2000-June 2001

assistance through local firms and individuals. Ten organizations are engaged in developing the Network's governance and quality assurance processes.
- The Virtual Leadership Development Program (VLDP) continues to support NGO and public sector teams to meet their organizational challenges through a blended learning approach reaching teams in 16 organizations as of the end of PY3 (see page 3).
- The experience and know-how from the Egypt program, supported with core funds, is being documented in a *Guide for Leading Performance Improvement* that will be used in Mozambique and Afghanistan.
- M&L's work in Mozambique illustrates how M&L leverages experiences from one country to the next — from Brazil to Mozambique — and from USAID's prior investments in the development and application of practical tools (see page 7).

Results Oriented

- We have achieved significant results in cost sharing. By the end of PY3 M&L reached $4.5 million of the $6.5 million required in the Cooperative Agreement, 70 percent of the target.
- In PY3 we invested core funds to evaluate the impact of large and complex field-based programs. We used the funds to measure the impact of M&L assistance, determine whether client organizations' performance objectives were met, and to extract technical lessons learned. Evaluations have been completed in Egypt, Guatemala, Guinea, the first VLDP, and Peru.

Priority Areas for Core Funds

The priority areas during the period July 2002–June 2003 included:

- Documentation and transfer of pilot programs to local counterparts on developing managers who lead, e.g., Egypt, Guinea, and Nicaragua
- Finalization and replication of key technical assistance programs and resources, e.g., Business Planning Program (BPP), VLDP, revised MOST (Management and Organizational Sustainability Tool)
- Building the TCN
- Evaluating key programs
- Building knowledge management systems
- Participating in USAID Global Leadership Initiatives, e.g., MAQ, IBP, PICG

I. Highlights of Results: July 2002–June 2003

IR1: Global Leadership

Rapid Funding Envelope, Tanzania[2]

Background: The massive funds earmarked for HIV/AIDS are not moving quickly enough. Donors need to streamline or complement cumbersome funding processes. While the Tanzania Commission for HIV/AIDS (TACAIDS) is working with the World Bank and other donors to design the country's long-term strategy, the Rapid Funding Envelope (RFE) for HIV/AIDS—a short-term financing mechanism—was created to speed resources to small civil society organizations ready to take quick action to fight the epidemic. The RFE provides an innovative model that could be replicated in other countries.

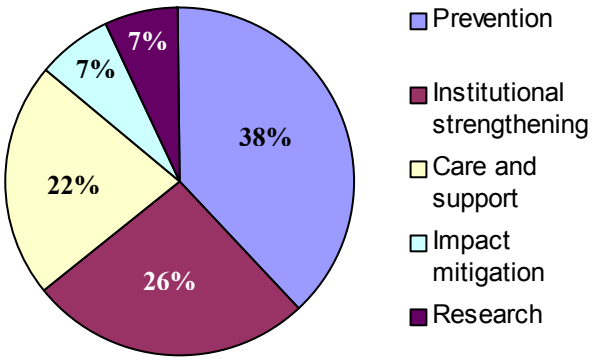
Rapid action and coordination with multiple partners: The RFE was designed by M&L in partnership with TACAIDS and eight donors—the Canadian International Development Agency, Ireland AID, the Swiss Agency for Development and Co-operation, the Embassy of Finland, the Royal Netherlands Embassy, the Royal Danish Embassy, the Royal Norwegian Embassy, and the United States Agency for International Development (USAID).

- The partners developed strategic, results-based criteria for granting RFE awards.
- Three rounds of grant making since December 2002 have put $3.5 million into the hands of 25 civil society institutions and partnerships. Eleven projects are already underway.
- USAID covers the management costs; the seven other donors pool their funds and have no administrative burden. MSH administers the RFE in partnership with Deloitte & Touche, Tanzania.

Rapid, paperless, transparent process: Applicants use the Internet to send in concept letters, and, if asked, proposals.

- Ninety-eight percent of applicants could comply with this requirement.
- Over 1,000 organizations from all over Tanzania requested information and more than 880 submitted concept letters.

RFE Funds Allocated to Date



[2] USAID/Tanzania HIV/AIDS funds.

IR2: Knowledge Generated

M&L's use of core funds to design, implement, and evaluate the following three programs contributed significantly to generating knowledge and advancing best practices. These innovative programs — ones that Missions would not necessarily be ready to fund — demonstrate how core funds can be used effectively to respond to felt needs of counterparts and to build Mission recognition of the role of management and leadership in health service delivery. These programs can now be replicated in any country.

Business Planning for Organizational Sustainability[3]

Background: The Business Planning Program (BPP) trains NGO managers and health care providers through a blended learning approach. Results to date:

- Bolivian NGOs who participated in the pilot program have institutionalized the approach;
- The BPP is ready for replication in Latin America and soon in Africa;
- Donors have responded positively to the business plans.

Replication of the Business Planning Program:

- The Bolivian NGOs who participated in the BPP have incorporated the business planning format into their organizations, adopting a more proactive attitude, improving internal processes and systematization of information, and presenting new ideas to potential funders. PCI has the program installed on all staff computers to be used for writing proposals.
- PROCOSI, Bolivia's largest health NGO network, has been trained to take the lead in delivering the BPP in Spanish. PROCOSI is scheduled to deliver the BPP to NGOs from the Nicasalud Network in Nicaragua in January 2004.
- In April 2003, the Ghana Social Marketing Foundation (GSMF), an NGO that is the leading provider of family planning services in Ghana, started the BPP. This is a first step in training the organization to deliver the program in English (and eventually in French) throughout Africa. African organizations who have expressed interest in the BPP include: the IPPF affiliates of Ethiopia, Ghana, and Tanzania; Straight Talk/Uganda; Living in Hope/South Africa; Africa Air Rescue/Kenya; Chogoria Hospital/Kenya; and the Family Welfare Association/Botswana.

NGO Business Plans Interest Donors: Of the business plans produced by Bolivian NGOs, several organizations have received funding and others have identified possible funding sources to advance their business plans.

- CIES' business plan was immediately sent to USAID/Washington by USAID/Bolivia for funding. Meanwhile, EngenderHealth has provided $80,000, almost half of the funding required. Supplemented by its own institutional investment funds, CIES has initiated its plan to make affordable reproductive health services available to men.
- APROSAR has received $10,000 from the Belgian Government to begin production of a manual cross-referencing traditional and western treatment protocols. MOH/Bolivia and PAHO have also expressed interest in funding this business plan.

[3] Funded with Population core funds.

- PROCOSI is negotiating a contract with the Bolivian Ministry of Municipalities to deliver the BPP to more than 200 Municipal Officials. USAID/Bolivia (Democracy Unit) has also expressed interest in financing delivery of the BPP at the municipal level. Moreover, PROCOSI has received support from M&L and the Belgian Government to conduct a feasibility study to determine the potential demand for the BPP in all sectors working in health and social welfare in the country.
- PCI's plan is being reviewed by the Kellogg Foundation. The plan aims to create a youth environmentalist brigade to develop young community leaders and to involve the community in improving the sanitary conditions of El Alto.
- Espereranza's plan will soon be reviewed by FUNDAPRO, a Bolivian foundation. This NGO intends to establish a training center in micro-enterprise management for women receiving micro-credit.
- CEMSE's plan is to create a health and education model to reduce school drop-out rates due to inadequate health care, and increase parental participation in household health promotion. The plan is expected to be considered by the Ministry of Education. Possible funding from the World Bank and the Dutch is also being explored. A local mining company has also been approached for funding.

Scaling Up the Virtual Leadership Development Program (VLDP)[4]

Background: The Virtual Leadership Development Program (VLDP) is a 12-week blended learning program which combines individual web-based work with face-to-face team meetings in organizations. VLDP extends leadership development opportunities into the workplace for health teams, improving leading and managing skills, and at the same time, addressing the teams' own challenges and measuring results. Since the program is designed for teams rather than individual managers, workgroups can enroll together and then set their action plans in motion in their workplaces. Participants have access to the VLDP website during the program, supplemented by a course CD-ROM and workbook, and receive follow-up support from M&L facilitators after the program is completed.

VLDP Focuses Teams on Their Priority Challenges: VLDP participants are drawn from organizations that deliver FP/RH and other primary health care services. All teams selected actual organizational challenges to work on during the VLDP, with performance goals that ranged from improving financial sustainability to raising quality of care and streamlining logistics/supplies systems. For example, ASHONPLAFA (Honduras) has set the goal of achieving 70 percent financial sustainability by 2007. Maxsalud (Peru) will improve diagnoses and treatment guidelines. PMSSII, a quality-improvement organization for Guatemala's hospitals, will develop an organizational manual and Intranet covering administration, finance, procurement, information technology, and other topics.

[4] Funded with Population core funds.

In PY3, the VLDP was delivered to 203 health managers throughout Latin America.

	Organizations	Teams	Participants	Countries
VLDP 1 October-December 2002	11	11	81	7 (Bolivia, Brazil, Guatemala, Honduras, Mexico, Nicaragua, Peru)
VLDP 2 March-June 2003	5	15	122	5 (Ecuador, Guatemala, Honduras Mexico, Nicaragua)
Totals	16	26	203	8

Ten teams from both VLDP cohorts enrolled to receive virtual coaching follow-up from M&L as they implement their action plans. The team from the State Secretariat (SS) of Health of Veracruz is one example of significant progress in implementing its action plan. The team chose the challenge of being granted official recognition as a "department of quality." This challenge was critical because it reaffirms the Ministry of Health's commitment to quality of care, demonstrated by the investment of human and financial resources in quality assurance and quality improvement. This was not an easy challenge, but SS Veracruz reports that using the leadership skills they learned in the VLDP, such as negotiation, communication, and building consensus, they have attained official recognition and met their challenge. As a result of their team work, their "department of quality" now reports directly to the State Secretariat and quality coordinators have been assigned in each region of the State.

The VLDP1 was evaluated in PY3. Findings were incorporated into the design and implementation of VLDP2. The design and testing of this and other M&L electronic platforms were cost-shared with the Gates Foundation.

Egypt: Leadership Development Program Results One Year Later[5]

Background: M&L's project in Egypt demonstrates the linkage between improving leading and managing practices and impact on health services. One year after the pilot Leadership Development Program of Egypt (LDPE) began, the evaluation shows that health centers were able to improve their performance when managers applied the practices of M&L's *Leading and Managing Framework* (see Annex 1) to actual organizational challenges.

Ten teams took part in the program: six clinic teams, three district teams, and one hospital team. All teams chose performance objectives to improve services. Each team chose at least one of the following challenges:

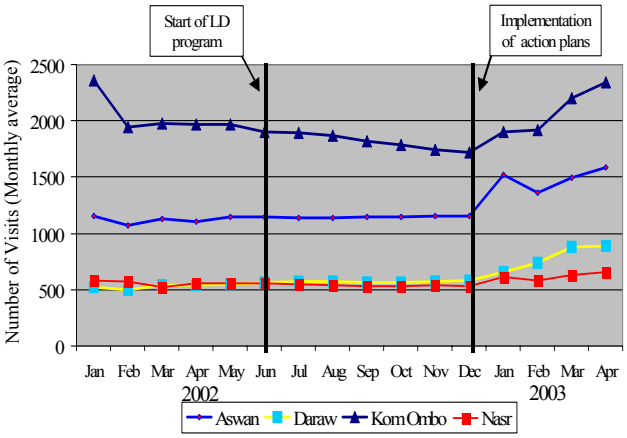
- increase the number of family planning users
- increase the number of antenatal care visits per client
- increase the number of postpartum care visits per client

M&L evaluated the LDPE in June 2003, five months after the Egyptian teams started to implement their action plans. We analyzed service statistics relevant to the challenges chosen by the teams and assessed improvements in leadership practices.

[5] Funded with Population core funds.

Improved Health Services—Family Planning: Figure I-3 shows the number of family planning visits for the three districts that participated in the program: Daraw, Aswan, and Kom Ombo. It also shows the performance of Nasr District which was identified as a comparison site during the evaluation to better assess the performance of these Districts. FP visits in Daraw and Aswan Districts did not show a significant change during the year 2002. However, beginning with the implementation of action plans in January 2003, an increase in the number of FP visits can be seen in all three program districts. By comparison, Nasr District showed negligible change in its service statistics.

Figure I-3: Monthly number of total FP visits in four districts from January 2002 through April 2003



Improved Health Services—Antenatal care:

- Daraw District exceeded its performance objective of 2.0 visits per client, achieving an average 2.4 visits by the end of June 2003.
- Daraw Health Center also exceeded its objective of 1.0 visits per client, achieving an average 2.6 visits.
- Nafak Health Center fell slightly short of its objective of 2.0 visits per client, achieving an average 1.9 visits.

Improved Health Services—Postpartum care:

- Gaafra Health Center selected to increase the number of visits per client from 0.2 in June 2002 to 4.0 in June 2003. It reached 90 percent of its target, achieving an average 3.6 visits.
- The performance of Gharb Aswan Hospital varied considerably during the six month implementation of its action plan. By the end of April it had achieved an average 2.6 visits per client, and then 5.0 as of the end of May, however by June the figure dropped to 1.0 visits. Nevertheless, the Hospital demonstrated an outstanding result in terms of postpartum care. In 2002 there was no postpartum care and no visits were recorded until March 2003. Although fluxuating, the results show that the Hospital was able to exceed its own ambitious target of an average of 3.0 visits per client.

Improved Leadership Practices: We measured improvements in leadership practices according to a set of indicators agreed upon with our counterparts. The analysis showed that:

- All ten teams' behavior shifted from complaining about problems to identifying actionable service delivery challenges that they could address.
- All of the teams were able to collect complete or partial data on their selected challenges, and to use this data to prepare written action plans with measurable outputs, time frames, and defined human and financial resources. All of the action plans used existing resources available to the teams; none required new human or financial resources.
- Six of the teams (60 percent) achieved 95 percent or more of their performance objectives.

"LDPE made me focus. Yes, the problem is there, I select it as a challenge, and deal with it. I identify the steps for the plan, which I can follow, and then I start to align and mobilize, monitor and inspire the people. Thank God, we have benefited from this and achieved good results. This project encouraged me to try to overcome the challenge and achieve results. "

– Dr. Suheir Tawfik, Family Planning Manager, Aswan Health District

Commitment to Replicate Without External Assistance: By the end of the program, the LDPE team and the evaluator noted that the staff who participated in the program were highly committed to producing results with their teams. They demonstrated their enthusiasm for the LDPE by volunteering to transfer the program to other clinics in their districts and without further technical or donor support. A significant behavior change was the empowerment of nurses, who are now playing a leading role in their teams, choosing fresh challenges, analyzing root causes, and leading the implementation of new practices in the clinics.

IR3: Support to the Field

Nicaragua: Scaling Up With Mission and MOH Support[6]

Encouraging Results Lead to Program Expansion: The M&L Leadership Development Program (LDP) with the MOH, which began as a core-funded pilot program in PY2, was extended with modest field support in PY3 and has now become a program "owned" by the MOH and completely field-support-funded. Leadership development fits into the overall effort to reform and modernize the MOH.

Figure I-4 summarizes the number of people who went through the program in PY2 and PY3, and projected to participate in the program in PY4.

Figure I-4. Participants in Nicaragua's Leadership Development Program

Nicaragua LDP	Funding	Participants	Regions (SILAIS)	Municipalities
PY2 July 2001-June 2002	Core	215	3 (Matagalpa, Jinotega, Boaco)	12
PY3 November 2002-June 2003	Core and field support	324	3 (Matagalpa, Jinotega, Boaco)	17
PY4 July 2003-June 2004	Field support	1,252	4 (Rivas, Esteli, Masaya, Madriz)	35
Totals		1,791	7	64

Teams Achieve Their Intended Results: In the two-year period from July 2001 to June 2003, 539 MOH personnel—including local teams who run health posts and health centers and directly deliver health services—participated in the LDP. They worked on the challenge of improving organizational climate in order to improve staff motivation and performance.

[6] Funded with Population core funds and USAID/Nicaragua field support funds.

In PY3 and as a result of the second LDP:

- 14 out of 17 municipalities improved organizational climate as measured by the PAHO survey instrument.
- Improvements in client satisfaction were reported by all managers. Among a sample of five municipalities, four had collected data on client satisfaction which confirmed increased client satisfaction.
- Every manager reported increases in service productivity. For example, the municipality of San Rafael del Norte, increased its prenatal coverage (first trimester) from 18 to 22 percent. Two health posts in the municipality of Boaco achieved more than 100 percent of their goals for prenatal coverage. During the national immunization day, Matagalpa achieved 100 percent of its goals, due to team work and a common shared vision.

M&L's Nicaragua Program Expands: Promising results from the MSH bilateral project, Prosalud, and M&L's core-funded LDP led the MOH and USAID Mission to conclude that focusing on management and leadership yields valuable benefits. In April 2003, M&L began a 14-month project funded by USAID/Nicaragua to sustain and scale up the key interventions implemented by the MOH with technical assistance of Prosalud and M&L. M&L's support is aimed at improving health services and ultimately health status. This new "bridge project" includes further expansion of the LDP — the Minister of Health has endorsed the nationwide replication of the program. In PY4, an additional 1,252 participants including central level MOH managers and staff, four new regions and the municipalities in those regions, are expected to go through the LDP with financing from USAID/Nicaragua.

Mozambique: At the Intersection of Management and Leadership[7]

Background: M&L's work in Mozambique exemplifies three ways a centrally funded project generates and dissiminates knowledge in support of field programs:

- Knowledge transfer between Brazil and Mozambique
- Legacy of tools introduced during the Family Planning Management Development program—leveraging USAID's prior investments
- Contributions to the knowledge base about management and leadership

Knowledge Transfer Between Brazil and Mozambique: The Ministry of Health (MISAU) of Mozambique requested M&L's assistance in their strategy to strengthen leadership skills throughout the ministry. M&L brought in a team which included people directly responsible for a similar effort in Brazil—a leadership specialist and the senior public sector official from one of Brazil's poorest states (Ceará).

M&L has worked with Mozambican health officials to develop the building blocks for an effective program focused on managers who lead. Internal champions have emerged to provide an "enabling environment" to make such a program successful. M&L continues to involve the lead Brazilian consultant. We are working with almost 90 MISAU central level staff.

[7] Funded with USAID/Mozambique field support funds.

Legacy of Established Tools: MISAU brought important strengths to the leadership development effort, in part because of its familiarity with the management improvement process introduced into the country in 1999 by the Family Planning Management Development Program (FPMD). Mozambican health planners have been using MOST (MSH's Management and Organizational Sustainability Tool) since 1999, with no outside technical assistance. This tool has been integrated into the country's health management practices (under the name "MOSTambique") along with another FPMD tool—FIMAT, the Financial Management Assessment Tool. Both are required steps in the provincial level strategic planning process. MISAU has requested that M&L introduce MOST into the leadership development program.

Contribution to the Worldwide Knowledge Base: We are using materials from M&L's pilot leadership development program in Egypt as resources to shape the Mozambique program. The breadth of the mandate in Mozambique offers M&L the opportunity to develop and refine our interventions, especially those that dwell at the intersection of management and leadership.

II. Emerging Issues and Challenges

Two emerging issues were noted by M&L over the past year: 1) conflicting messages regarding the value of centrally funded agreements to USAID and field activities; and 2) diminishing core funds. These issues pose potential, serious challenges to both the Office of Population/Reproductive Health's (OPRH) achievement of its Strategic Objective and Intermediate Results, and to M&L's immediate and long-term goals, mandate, and vision. Specifically, these issues challenge M&L's ability to continue to contribute to OPRH's goals, as follows:

IR1: Global Leadership

- Incorporate more critically needed managing and leading best practices into USAID global technical leadership initiatives, e.g., MAQ, PICG, IBP Consortium, Agency-Wide Knowledge Management, Graduated Countries
- Reach additional organizations/countries with programs such as the Virtual Leadership Development Program and Business Planning Program

IR2: Knowledge Generation

- Capture, synthesize, and disseminate best practices via global mechanisms, e.g., The Electronic Resource Center, the Health Manager's Toolkit, *The Manager*
- Reinforce learning of counterparts through long-distance coaching mechanisms such as the alumni network on the LeaderNet Web site
- Document and disseminate lessons learned, e.g., *Leading and Managing at All Levels: A Handbook for Improving Health Services,* Special Studies
- Capture successful approaches and tools from Technical Cooperation Network members and incorporate them into M&L's knowledge management activities

IR 3: Support to the field

- Take the next critical steps to "multiply" the initial successful work in achieving improved services through improved managing and leading practices
- Work side-by-side with Technical Cooperation Network members to transfer managing and leading approaches and tools to dozens of technical assistance providers
- Rapidly respond to requests for assistance from new field programs
- Continue to evaluate and learn from strategic field programs and to "package" the knowledge for use by MSH staff, Technical Cooperation Network, other CAs, and USAID
- Begin to work with pre-service institutions to introduce the basics of managing and leading to thousands of doctors and nurses who will take on health management work in all sectors

Another emerging issue is field support funding for HIV/AIDS activities received from Missions. On the one hand, M&L has received significant funding from the Office of HIV/AIDS for activities that contribute to USAID's agenda for Human Capacity Development and Prevention of Mother-Child Transmission (PMTCT). However, without "unearmarked" HIV/AIDS core funds M&L is unable to:

- Evaluate the burgeoning number HIV/AIDS-funded field programs, e.g., Tanzania, Mozambique, Brazil
- Share lessons learned in the design, management, implementation, and evaluation of FP/RH programs with the HIV/AIDS community

Annex 1. M&L Leading and Managing Framework